

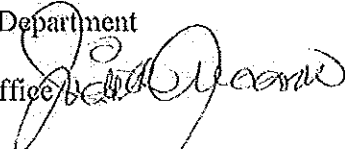
Town of



# AMHERST Massachusetts

TOWN HALL  
4 BOLTWOOD AVENUE  
AMHERST, MA 01002-2301

TO: Chief Livingstone, Amherst Police Department

FROM: Judith Arcamo, Town Manager's Office 

DATE: May 3, 2010

RE: New All Alcohol Liquor License for Sodexo Management, Inc.  
d/b/a Sodexo Management, Inc.

Attached is a request for a new All Alcohol Liquor License for Sodexo Management, Inc. d/b/a Sodexo Management, Inc. (Manager: Douglas Sudnick). Please review the application and forward your recommendation to me as soon as possible as the Select Board will vote on the application on May 20, 2010.

Thank you.

Approved/Denied:

  
Scott Livingstone, Chief of Police

Date: 5/17/2010



# The Commonwealth of Massachusetts

Alcoholic Beverage Control Commission  
239 Causeway Street  
Boston, MA 02114

## Application for Alcoholic Beverage License for Retail Sale

City/Town: Amherst

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> New License | <input type="checkbox"/> New Officer/Director |
| <input type="checkbox"/> Transfer of License    | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Transfer of Stock      | (specify)                                     |

### SECTION 1:

Name to Appear on the License: Sodexo Management, Inc.

Business Name (d/b/a, if different): \_\_\_\_\_

Manager of Record: Douglas Sudnick FID of Licensee: 16-0812661

Address of Premises: 893 West Street Zip Code: 01002

Phone Number of Premises: (413) 549-2840

### SECTION 2: Type of License: (check one only)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Club               | <input type="checkbox"/> Package Store         | <input type="checkbox"/> Veterans Club |
| <input type="checkbox"/> General on Premise | <input checked="" type="checkbox"/> Restaurant | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Hotel              | <input type="checkbox"/> Tavern                |  |

### SECTION 3: License Category

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> All Alcoholic           | <input type="checkbox"/> Wine and Malt |
| <input type="checkbox"/> Malt Only                          | <input type="checkbox"/> Wine Only     |
| <input type="checkbox"/> Wine and Malt with Cordials Permit |  |

### SECTION 4: License Class

- |  |                                   |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Seasonal |
|--|-----------------------------------|

### SECTION 5: Person (attorney if applicable) who can be contacted concerning this application

Name: Robert D. Skene, Esq.

Address: 2614 Route 516, Old Bridge, New Jersey 08857

Phone Number: (732) 727-5030

**SECTION 6:** Give a full description of the premises to be licensed, including location of all entrance and exits: One main function room, kitchen, food prep area and outdoor deck.  
One main entrance into the function room and side entrance to same, and one entrance  
for the outdoor deck.

**SECTION 6(a):**

Seating Capacity: 125 Occupancy Number: 265

**SECTION 7:**

Applicant is an:

( ) Association (x) Corporation ( ) Individual  
 ( ) Partnership ( ) Non-profit Corporation ( ) LLC

**SECTION 8** If applicant is an individual or partnership – List for individual or each partner:

<u>FULL NAME</u>	<u>HOME ADDRESS</u>	<u>DOB</u>	<u>SSN</u>
Not Applicable			

**SECTION 8(a):** Is individual or all partners United States Citizens? ( )Yes ( )No  
 Not Applicable

If no, specify citizenship: \_\_\_\_\_

**SECTION 8(b):** Is individual or all partners involved at least twenty-one years old? ( )Yes ( )No  
 Not Applicable

**SECTION 9:** If the applicant is a corporation, complete the following:

State of Incorporation: New York Date of Incorporation: June 25, 1986

Fiscal Year Ends: 08/31/2010 Date qualified to do business in MA: 07/24/1986

**SECTION 9(a):** How many shares of stock are authorized: \_\_\_\_\_ How many are issued: \_\_\_\_\_

Provide in the box the names of all officers, directors, stockholders and manager.  
 Use \* to indicate director.

<u>Title</u>	<u>Full Name</u>	<u>Home Address</u>	<u>DOB</u>	<u>SSN</u>	<u>Shares of Stock Owned or Controlled</u>
President	George S. Chavel	238 Ridgeview Ventia, PA 15367	10/09/56		0%
Vice-President	Robert A. Stern	17618 Auburn Village Dr. Sandy Spring, MD 20860	07/11/58		0%
Secretary	Scott Robins	404 Nina Place Rockville, MD 20852	05/05/53		0%
Premise Manager	Douglas Sudnick	47 Granby Heights Granby, MA 01033	08/19/80		0%
Sole Shareholder	Sodexo Operations, LLC	FEIN 52-2208088			100%

**SECTION 9(b):** Attach a copy of the vote by the Board of Directors appointing a manager or principal representatives.

**SECTION 9(c):** If the applicant is a corporation, answer the following questions:

**For Package Store (§15) license:** N/A

- A. Are all Directors United States Citizens? ( ) Yes ( ) No  
 B. Are a majority of Directors Massachusetts Residents? ( ) Yes ( ) No  
 C. Is the Manager or Principal Representative a U.S. Citizen? ( ) Yes ( ) No

**For Club, General On Premise, Hotel, Restaurant, Tavern, Veterans Club and Other (§12) license:**

- A. Are at least 50% of the Directors United States Citizens? (x) Yes ( ) No  
 B. Is the Manager or Principal Representative a U.S. Citizen? (x) Yes ( ) No

**SECTION 10:** If the applicant is an association, provide in the box below the names of all association officers and members. N/A

Title	Full Name	Home Address	DOB	SSN	Phone Number

**SECTION 10(b):** Attach a list of all members of the LLC.

**SECTION 11:** Will there be any construction, remodeling, redecorating, or building on the premises for this license? ( ) Yes (x) No (If yes complete a,b,c and d)

a.) Give an exact description of the construction, remodeling, redecorating or building on the premises: N/A

b.) What are the estimated costs: N/A

c.) What is the construction schedule: N/A

d.) State all sources of construction financing: N/A

**SECTION 12:**

Do you own the premises?( ) Yes (x) No. If yes, please respond to the question below.

( ) As an individual ( ) Jointly \_\_\_\_\_ Name of Realty Trust

\_\_\_\_\_ Name of Corporation

( ) Other \_\_\_\_\_

(If you do not own the premises to be licensed, provide the following information about the owner.)

Name: Hampshire College Phone Number: (413) 559-5695

Address: 893 West Street, Amherst, Massachusetts 01002

SECTION 12(a): If a lease or rental, provide the following information: N/A per N/A  
Food Service Agreement (month, year, etc)

\* Beginning date of ~~the lease~~ July 1, 2002 End date of Lease June 30, 2009 \*\*  
(Provide Copy of ~~the lease~~)

### FINANCIAL

Please see attached Rider to Section 13

#### SECTION 13:

What assets were purchased and cost?

Equipment: \$ \_\_\_\_\_ Furniture: \$ \_\_\_\_\_ Goodwill: \$ \_\_\_\_\_

Inventory: \$ \_\_\_\_\_ License: \$ \_\_\_\_\_ Premise: \$ \_\_\_\_\_

SECTION 13(a): Total Purchase Price: \$ \_\_\_\_\_

SECTION 13(b): Identify below all sources of financing:

Mortgage: \$ \_\_\_\_\_ Seller: \$ \_\_\_\_\_

Cash: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_  
(specify)

Document all sources e.g. Loan Papers, Checking Accounts, Stock Sales, etc.

SECTION 13(c): All other terms and conditions: \_\_\_\_\_  
(provide purchase and sale documents)

SECTION 13(d): Are you seeking approval for license to be pledged: ( ) Yes (x) No

If yes, to whom: \_\_\_\_\_

SECTION 13(e): Will the inventory be pledged: ( ) Yes (x) No

If yes, to whom: \_\_\_\_\_

SECTION 13(f): If a corporation, are you seeking approval for any corporate stock to be pledged:

( ) Yes (x) No

If yes, to whom: \_\_\_\_\_

\* Note: the applicant will operate pursuant to a Food Service Agreement (a copy of which has been attached hereto).  
\*\* Sodexo Management, Inc. will operate on a month-to-month basis from June 30, 2009, as indicated in Section 1.3 of the attached Food Service Agreement.

### **RIDER TO SECTION 13**

This is a continuing business; therefore, no new investment is required. Any de minimis expenses will be derived from the operating income. The applicant has been operating at this premise for numerous years without the benefit of an alcoholic beverage license.

**Sodexo Management, Inc.**  
**Hampshire College**  
**893 West Street, Amherst, Massachusetts 01002**

### OWNERSHIP INTERESTS

**SECTION 14:** State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Please see attached Rider to Section 14 and 14(a)

Full Name	Home Address	DOB	SSN	Phone Number

**SECTION 14(a):** Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Please see attached Rider to Section 14 and 14(a)

Person or Entity	Beneficial or Financial Interest

**SECTION 14(b):** Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

( x ) Yes ( ) No

Please see attached Rider to Section 14(b)

Name	Type of License	License Name and Address	Description of Interest

**SECTION 14(c):** Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held?

( ) Yes ( x ) No

(If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Date Ownership Surrendered

**RIDER TO SECTION 14 and 14(a)**

Sodexo Management, Inc.	-	Applicant
Sodexo Operations, LLC	-	Holding Company
Sodexo, Inc.	-	Holding Company
Sodexo Alliance, SA	-	Holding Company
Bellon, SA	-	Holding Company
Hampshire College	-	10% Revenue Interest*

\* Sodexo shall return ten percent (10%) of Net Sales to Hampshire College on a monthly basis.

**Sodexo Management, Inc.  
Hampshire College  
893 West Street, Amherst, Massachusetts 01002**

Rider to Section 14(b)

Name	Type of License	License Name	License Address	Description of Interest
Sodexo Operations, LLC		The Massachusetts Medical Society	860 Winter Street Waltham, MA 02451	License Holder
Sodexo Operations, LLC	Annual All Alcohol Restaurant	Plymouth Plantation "Creative Gourmet"	137 Warren Avenue Plymouth, MA 02360	License Holder
Sodexo Operations, LLC	Annual All Alcohol Restaurant	Plymouth Plantation "Creative Gourmet" Accomack Room	137 Warren Avenue Plymouth, MA 02360	License Holder
Sodexo Operations, LLC	Annual All Alcohol Restaurant	Plymouth Plantation "Creative Gourmet" Peabody Picnic Pavilion	137 Warren Street C Plymouth, MA 02360	License Holder
Sodexo Management, Inc.	Common Victualer	Rogers Babson College	Trim Hall, Forest Street, Park Manor Central, Lower Level Wellesley, MA 02457	License Holder
Sodexo Management, Inc.	Common Victualer & All Alcoholic Restaurant	Massachusetts Mutual Conference Center	350 Memorial Drive Chicopee, MA 01020	License Holder

**SECTION 14(d):** Describe how all licenses in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.)

Date	License	Reason why the License was Terminated

**SECTION 14(e):** Has any person or entity named in Question 14 ever had a license suspended, revoked or cancelled?

( ) Yes (x) No

(If yes, provide the following information)

Date	License	Reason why the License was suspended, revoked or cancelled

**SECTION 14(f):** Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law?

( ) Yes (x) No

- SECTION 15:**
- a. Each individual applicant must sign.
  - b. Applications by a partnership must be signed by a majority of the partners.
  - c. Applications by a corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
  - d. Applications by an association must be signed by a majority of the members if the governing body. All signatures must have answered question 10.
  - e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this 11<sup>th</sup> day of March, 2009

Kathy B. McFarland

**By: Signature of Full Name**

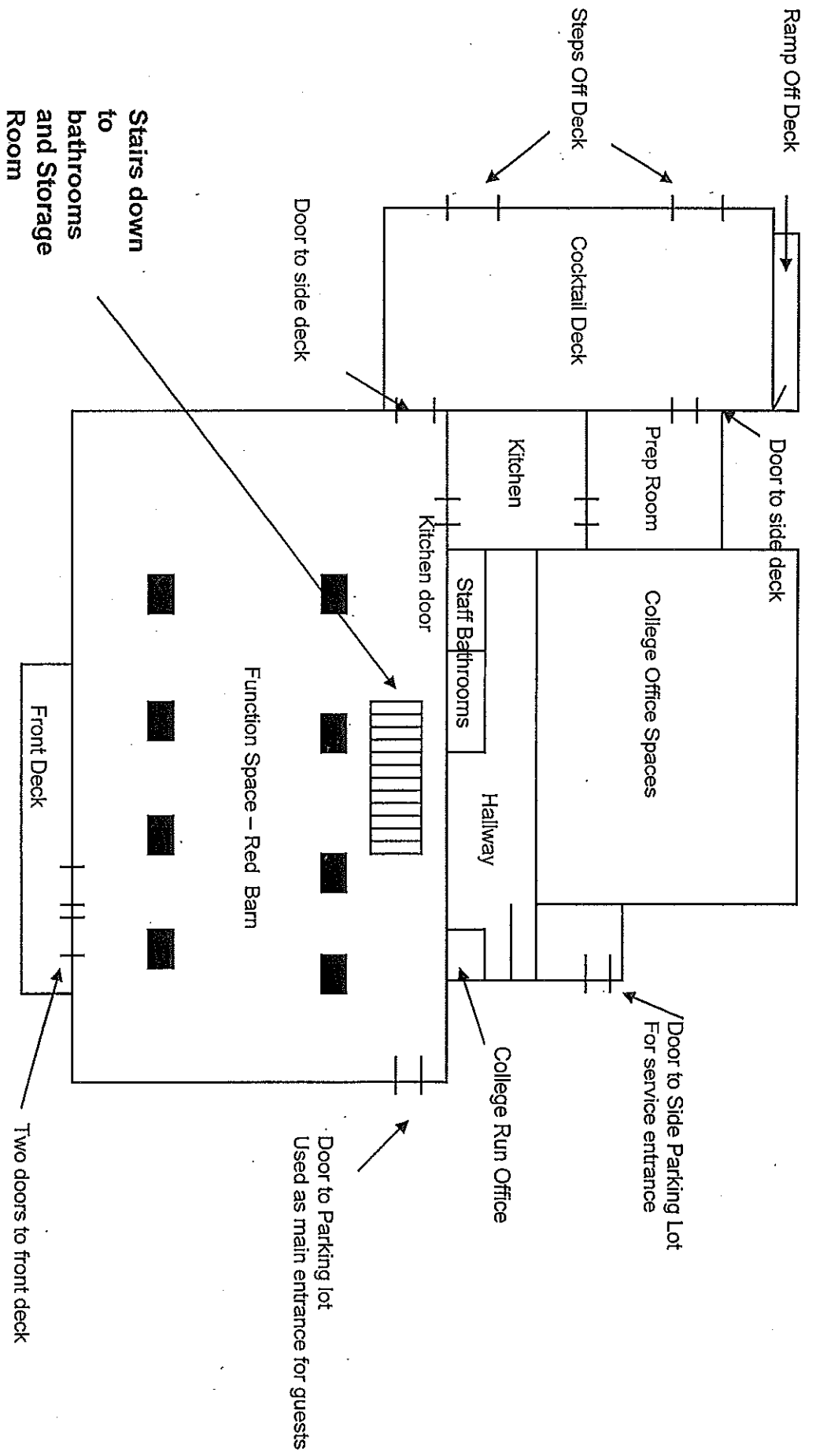
Robert A. Shaw

**Title**



NOTARIZE

SIGN HERE



Red Barn and Rooms Floor Plan

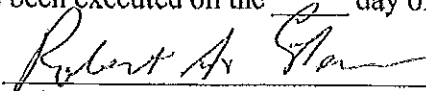
Capacity 150 People for wandering receptions  
 Capacity 125 for sit down events  
 Cocktail Deck Capacity 100 People  
 Kitchen & Prep room 10-15 People

**CERTIFICATE OF SECRETARY  
OF  
SODEXO MANAGEMENT, INC.**

I, Robert A. Stern, Vice President of Sodexo Management, Inc., certify that the Members of the Corporation have authorized the filing of an All Alcohol License application within the Town of Amherst and further certify that the Members have approved the appointment of Douglas Sudnick as premises manager of such location. Further, a listing of the officers, and members of the Corporation are as follows:

**George S. Chavel** – President  
**Robert A. Stern** – Vice President  
**Scott E. Robins** – Secretary  
**Sodexo Operations, LLC** – 100% Owner

In witness thereof, this certificate has been executed on the \_\_\_\_\_ day of \_\_\_\_\_, 2009.

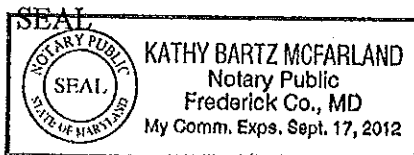
  
Robert A. Stern, Vice President


State of **MARYLAND**

ss:

County of **FREDERICK**

Personally appeared before me Robert A. Stern, known to be the person who executed the above and made oath that the same is true.



  
Notary Public

**SIGN  
HERE**

**NOTARIZE**

**SODEXO OPERATIONS, LLC**  
Federal I.D. Number: 52-2208088  
Date of Incorporation: January 27, 1998  
Delaware Corporation

**PRINICIPAL OFFICERS/DIRECTORS**

**George Sam Chavel**  
238 Ridgeview Drive  
Venetia, PA 15367  
(724) 941-5932

Pennsylvania 22 521 254

**President**

0% Stock  
10/09/59 -- Detroit, MI

**Robert A. Stern**  
17618 Auburn Village Drive  
Sandy Spring, MD 20860  
(301) 774-6940

Maryland S-365-745-040-549

**Vice President**

0% Stock  
07/11/58- Atlantic City, NJ

**Scott E. Robins**  
404 Nina Place  
Rockville, MD 20852  
(301)770-7517

Maryland R- 152-760-189-336

**Secretary**

0% Stock  
05/02/53, Brooklyn, NY

SODEXO MANAGEMENT, INC.  
Federal I.D. No.: 16-0812661  
Date of Incorporation: June 25, 1986  
New York Corporation

**PRINICIPAL OFFICERS/DIRECTORS**

**George Sam Chavel**  
238 Ridgeview Drive  
Venetia, PA 15367  
(724) 941-5932

Pennsylvania 22 521 254

**Robert A. Stern**  
17618 Auburn Village Drive  
Sandy Spring, MD 20860  
(301) 774-6940

Maryland S-365-745-040-549

**Scott E. Robins**  
404 Nina Place  
Rockville, MD 20852  
(301)770-7517

Maryland R- 152-760-189-336

**President**

0% Stock  
10/09/59 – Detroit, MI

**Vice President**

0% Stock  
07/11/58- Atlantic City, NJ

**Secretary**

0% Stock  
05/02/53, Brooklyn, NY

**SODEXO, Inc.**  
Federal I.D. No.: 52-0936594  
Date of Incorporation: July 2, 1971  
Delaware Corporation

**PRINCIPAL OFFICERS/DIRECTORS**

**George Sam Chavel**  
238 Ridgeview Drive  
Venetia, PA 15367  
(724) 941-5932

**President**

0% Stock  
10/09/59 – Detroit, MI

Pennsylvania 22 521 254

**Robert A. Stern**  
17618 Auburn Village Drive  
Sandy Spring, MD 20860  
(301) 774-6940

**Vice President**

0% Stock  
07/11/58- Atlantic City, NJ

Maryland S-365-745-040-549

**Scott E. Robins**  
404 Nina Place  
Rockville, MD 20852  
(301)770-7517

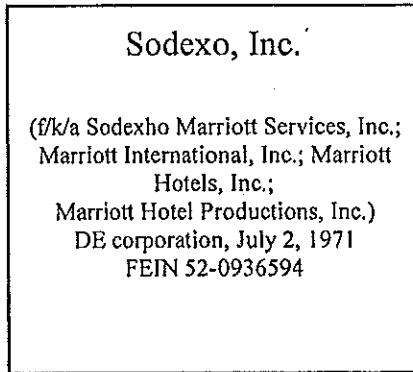
**Secretary**

0% Stock  
05/02/53, Brooklyn, NY

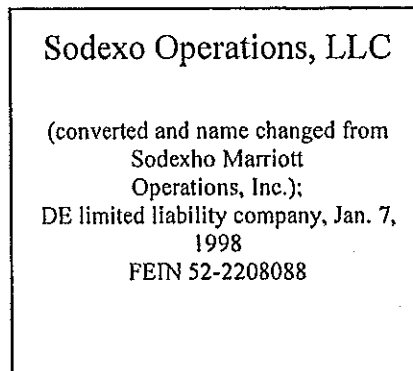
Maryland R- 152-760-189-336

# HOLDING CORPORATION FLOW CHART

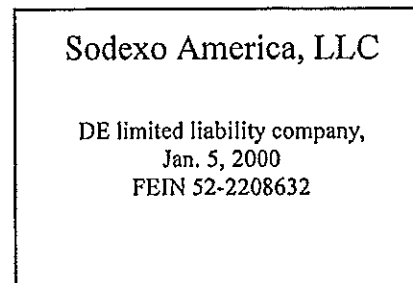
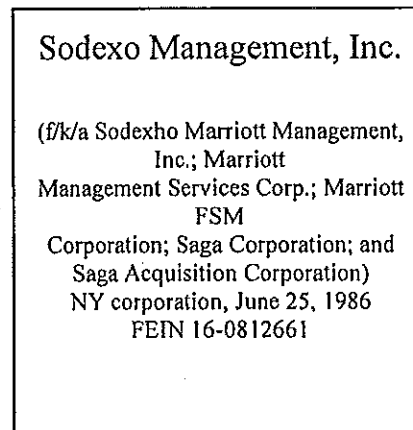
Sodexo, Inc. is the sole  
member of Sodexo  
Operations, LLC.



Sodexo Operations, LLC.  
owns 100% of Sodexo  
Management, Inc.



Sodexo Management, Inc.  
is the sole member of  
Sodexo America, LLC



\* Delete the inapplicable words.

\*\*Please provide the name and residential address of the assistant clerk if he/she is executing this certificate of change.

FORM A  
LICENSEE PERSONAL INFORMATION SHEET

THIS FORM MUST BE COMPLETED FOR EACH:

- ☒ A. NEW LICENSE APPLICANT  
☐ B. APPOINTMENT OR CHANGE OF MANAGER IN A CORPORATION  
☐ C. TRANSFER OF LICENSE (RETAIL ONLY-SEC.12 & SEC.15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR APPLICATION WILL NOT BE ACCEPTED

1. LICENSEE NAME: Sodexo Management, Inc.  
(NAME AS IT WILL APPEAR ON THE LICENSE)

2. NAME OF (PROPOSED) MANAGER: Douglas Sudnick

3. SOCIAL SECURITY NUMBER: \_\_\_\_\_

4. HOME (STREET) ADDRESS: 47 Granby Heights, Granby, MA 01033

5. AREA CODE AND TELEPHONE NUMBER (S): (give both, your home telephone and a number at which you can be reached during the day).

DAY TIME# (413) 549-2840 HOME# (413) 348-8495

6. PLACE OF BIRTH: Northampton MA 7. DATE OF BIRTH 08-19-1980

8. REGISTERED VOTER: ☐ YES ☒ NO 8a. Where? \_\_\_\_\_

9. ARE YOU A U.S. CITIZEN: ☒ YES ☐ NO

10. COURT AND DATE OF NATURALIZATION: \_\_\_\_\_  
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

11. FATHER'S NAME: Douglas E Sudnick 12. MOTHER'S MAIDEN NAME: Christine Lussier

13. IDENTIFY YOUR CRIMINAL RECORD, IF ANY (Massachusetts, Military, any other State or Federal):  
\_\_\_\_\_  
\_\_\_\_\_

14. ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:

\_\_\_\_\_ YES ☒ NO (MUST CHECK EITHER YES OR NO)

15. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: \_\_\_\_\_ YES ☒ NO  
IF YES, PLEASE DESCRIBE: \_\_\_\_\_

16. FINANCIAL INTEREST, DEIRECT OR INDIRECT, IN ANY OTHER LIQUUOR LICENSE, PERMIT OR CERTIFICATE: YES ☒ NO ☐  
IF YES, PLEASE DESCRIBE:

17. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address, Telephone Numbers):

Foodservice worker Friendly's Florence MA dba C6066 corp) 54 Main street Florence MA 01062  
May 2000 - June 2002 (413) 584-1772  
Retail manager Sodexo August 2002 - March 06 229 Main street  
Keene NH 03435 (413) 358-2132  
General manager Sodexo - Hampshire college March 06 - present 893 west street  
(413) 544-2840 Amherst MA 01002

18. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: 40 +

18. I HEARBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: [Signature]  
MANAGER SIGNATURE

2/2/10  
DATE

PROPOSED

SIGN  
HERE

